

Screening and Risk Assessment

It's not just another box to check...

**6th Annual Dental Health Promotion
Track**

9 August 2006

Dental Public Health Staff Officer
US Army Center for Health Promotion
and Preventive Medicine

Objectives

- Name the five screening and risk assessment procedures required at each periodic oral evaluation
- Perform an Oral Cancer screening
- Perform a Periodontal Screening and Recording
- Perform a Caries Risk Assessment
- Perform a Tobacco Risk Assessment
- Develop an appropriate preventive treatment plan based on the screening and risk assessment results

AR 40-35

7.a. Exam and treatment planning.

- (1) Initial, periodic, and comprehensive oral evaluations will include **caries, tobacco, periodontal, and oral cancer** risk assessments.
- (3) **Blood pressure** readings that indicate hypertension should be referred to appropriate medical facilities and followed-up at subsequent appointments.

Oral Cancer Screening

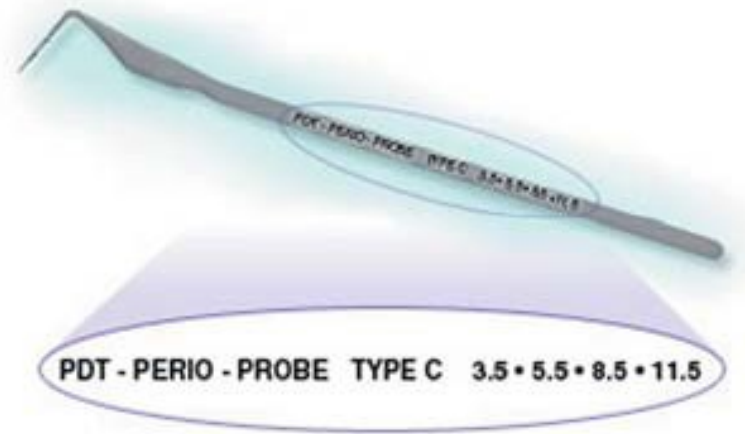
- One American dies from oral cancer each hour
- Tongue cancer in young males is increasing
- Consider risk factors
 - Tobacco
 - Alcohol
 - Viruses
 - Sunlight
 - Poor nutrition



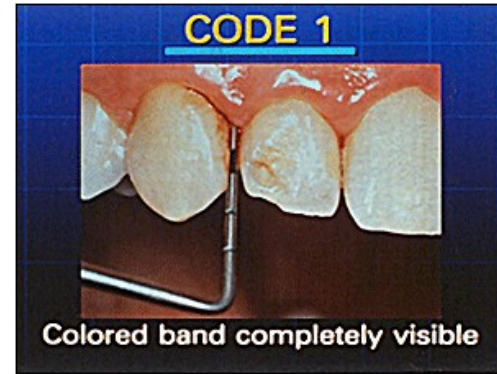
Oral Cancer
Screening

Periodontal Screening and Recording (PSR)

- Quickly determines periodontal treatment need
- Endorsed by the American Dental Association and The American Academy of Periodontology <http://www.ada.org/prof/prac/issues/pubs/psr/>
- CE course available on line at http://www.dentalcare.com/soap/ce_preclin/ce53/intro.htm



PSR Codes



From: Periodontal Screening and Recording: Early Detection of Periodontal Diseases, by Tanya Villalpando Mitchell, RDH, MS. Permission granted by the Crest website at dentalcare.com

Army Population Health Measures*

Caries Risk

Tobacco Risk



Implementation
Guide

1. Classify patient
2. Record
3. Input into CDA

*** Implemented on 1 DEC 20**

Caries Risk Assessment

- Intrinsic factors
 - High DMFS Hx
 - Tooth morphology
 - Medical condition
- Modifiable Risk Factors
 - Insufficient fluoride
 - Medications
 - Poor oral hygiene
 - Deep pits and fissures
 - Poor diet

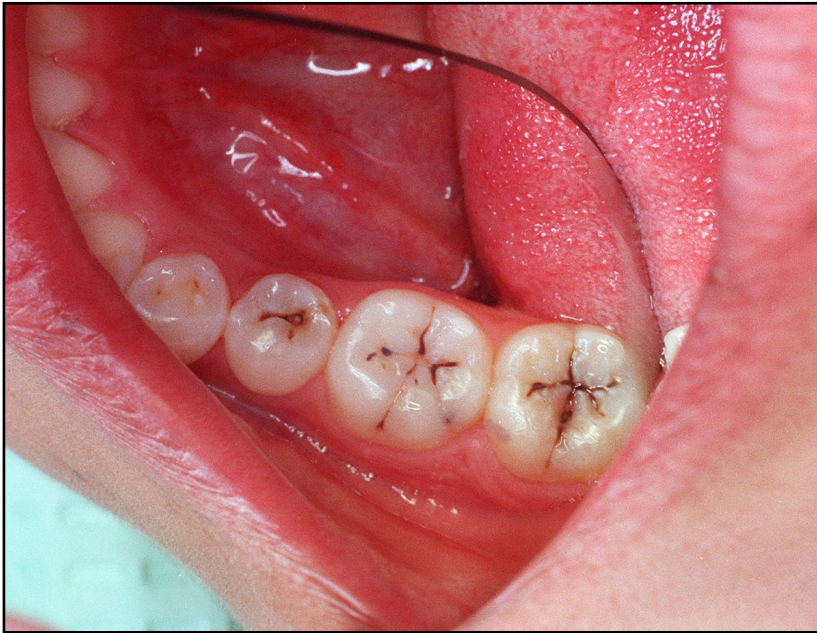
Caries Risk Assessment

Low Caries Risk



- **No** new carious lesions in last 3 years
- **Adequately** restored surfaces
- **Good** oral hygiene
- Regular dental visits

Caries Risk Assessment



Moderate Caries Risk

- **One** carious lesion in last 3 yrs
- Exposed **roots**
- **Fair** oral hygiene
- **White spots** and/or interproximal **radiolucencies**
- Irregular dental visits
- Orthodontic Treatment

Caries Risk Assessment

High Caries Risk




- **2 or more** new carious lesions in last 3 years
- Past root caries/numerous exposed roots
- Deep pits and fissures
- **Poor** oral hygiene
- Inadequate use of topical fluoride
- Irregular dental visits
- Inadequate **salivary flow**
- Elevated *S. mutans* count

Caries Risk Assessment

Risk Category	
Low	<ul style="list-style-type: none">• No new carious lesions in last 3 years• Adequately restored surfaces• Good oral hygiene• Regular dental visits
Moderate	<ul style="list-style-type: none">• One new carious lesion in the last 3 years• Exposed roots• Fair oral hygiene• White spots and/or interproximal radiolucencies• Irregular dental visits• Orthodontic treatment
High	<ul style="list-style-type: none">• 2 or more new carious lesions in the last 3 years• Past root caries and/or exposed roots• Elevated <i>mutans streptococci</i> count• Deep pits and fissures• Poor oral hygiene• Frequent sugar intake• Inadequate use of topical fluoride• Irregular dental visits• Inadequate saliva flow

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USACHPPM Search


US Army Center for Health Promotion and Preventive Medicine

Decay Risk Self-Check

Question 1

How often do you brush your teeth with fluoride toothpaste?


☐ At least twice a day
☐ Once a day
☐ Less than once a day



Question 2

How often do you floss?


☐ Once a day
☐ Occasionally
☐ Rarely or Never



Question 3

How many drinks (8-12 oz) such as *regular* soda (pop), sports drink, punch or flavored drink, or *sugar-sweetened* coffee/tea, do you have each day?

☐ None
☐ 1 or 2
☐ 3 or more



Question 4

How many *diet* soda (pop) drinks or juice drinks do you have each day?

- ☐ 0 - 1
☐ 2 or 3
☐ 4 or more



Question 5

Do you drink tap water or bottled water that is Fluoridated?

- ☐ No
☐ Yes
☐ Don't Know



Question 6

How often during the day do you have starchy/sugary foods (donut, Danish, cookie, etc.) or snack on candy, gum or mints that are *not* sugar-free?

- ☐ 0 - 2
☐ 3 - 4
☐ 5 or more



Tobacco Risk Assessment

Classify Patients' Tobacco Use into One of Four Categories

- **No** – Not a Tobacco User
- **Smoke** – Smokes tobacco products
- **Chew** – User of smokeless tobacco
- **Both** – User of both types of tobacco

“Out” the Risk

Standardize the Questions

- Verbal
 - “How often do you brush?”
 - “How often do you drink sugary drinks like soda, sports drinks, punch or sweet tea?”
 - “How often do you snack on...”
 - “Do you use Tobacco?” “What kind?”
“How often?”
- Written
 - Can assess many risk factors at once
 - Easy to track over time



Dental Risk
questionnaire

Now What?

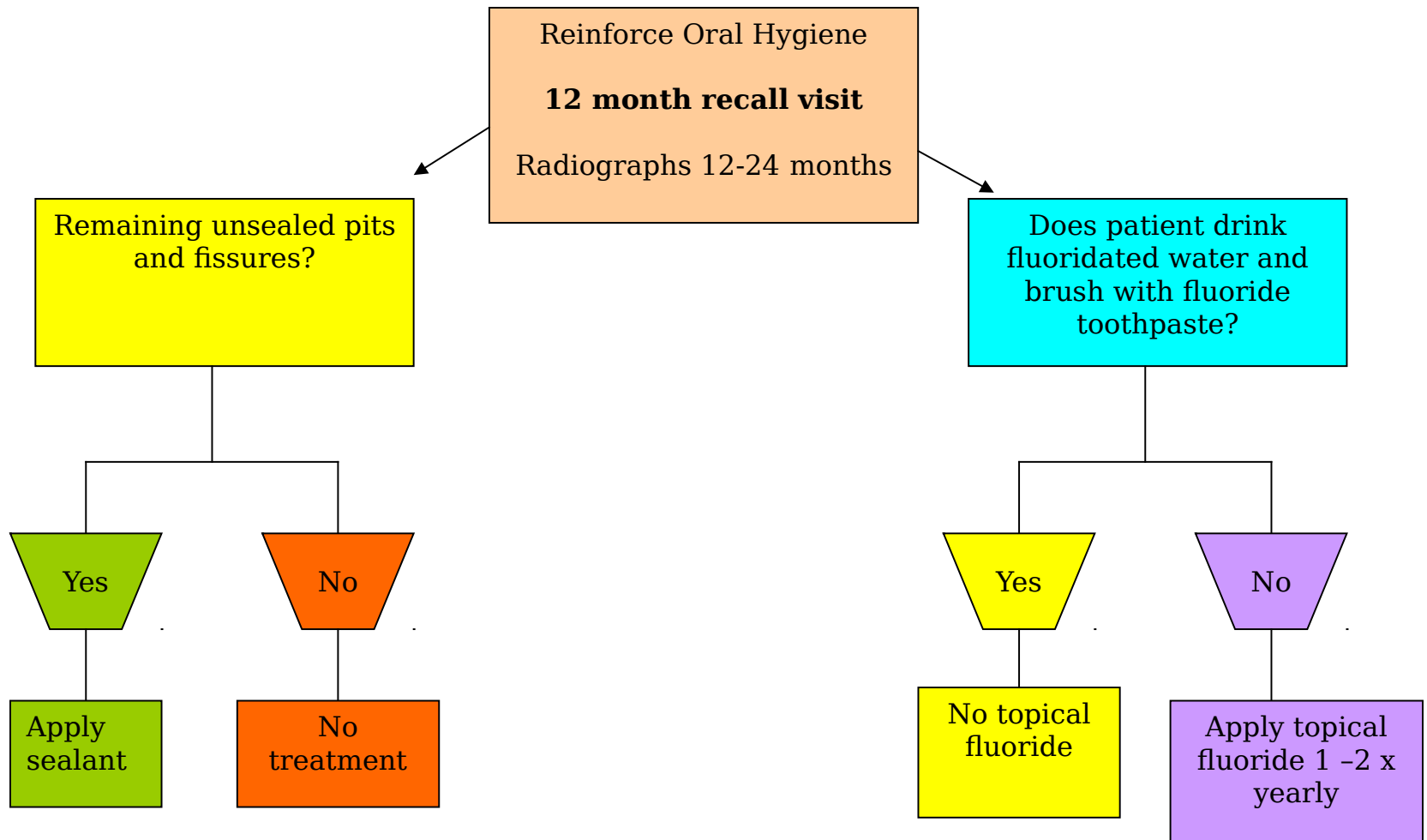
- Inform the patient of their risk
- Use risk assessment info to tailor the treatment plan
- Ancillary Treatment Coordinator monitors:
 - Recalls (fluoride, xylitol gum, Peridex)
 - Appointment compliance (dental treatment, tobacco cessation, nutrition counseling)

Preventive Arsenal

1. Education/reinforcement
2. Dietary analysis and counseling
3. Sealants
4. Xylitol gum
5. Chemotherapeutics
6. Water fluoridation
7. Topical fluorides
8. Professionally applied topical fluoride
9. Tobacco education & cessation

Treatment Planning Decisions

Low Caries Risk Algorithm



Treatment Planning Decisions

Sample Caries Risk-based Preventive Plans

Low Caries Risk

1. Seal uncoalesced pits and fissures
2. Reinforce oral hygiene
3. Fluoride dentifrice

12 month recall

1. Reinforce oral hygiene and diet
2. Verify sealant retention
3. BWX in 24 months

Moderate Caries Risk

1. Restore cavitated lesions
2. Seal remaining pits & fissures
3. Professionally applied fluoride
4. Reinforce hygiene & dentifrice
5. Dietary counseling
5. Home fluorides
6. Xylitol chewing gum

6 month recall

1. Reinforce oral hygiene, diet modification, fluoride use
2. BWX in 12 months
3. Modify as necessary

Treatment Planning Decisions

Sample Caries Risk-based Preventive Plans

High Caries Risk patients

1. Restore cavitated lesions
2. Seal remaining pits & fissures
3. Professionally applied fluoride (varnish q6mo?)
4. Reinforce hygiene & dentifrice
5. Dietary counseling (referral?)
6. Fluoride varnish
7. Home fluorides
8. Chlorhexidine rinse
9. Xylitol chewing gum

3 - 4 month recall

1. Reinforce oral hygiene, diet modification, fluoride use
2. BWX in 6-12 months
3. Modify as necessary

Treatment Planning Decisions

Sample PSR-based Perio Tx Plans

- **Code 0:**
 - Preventive care
 - Review plaque control habits
- **Code 1:**
 - Individualized OHI
 - Subgingival plaque removal
- **Code 2:**
 - Individualized OHI
 - Subgingival plaque and calculus removal
 - Correction of plaque-retentive margins and restorations
- **Symbol (*):**
 - With Codes 0, 1, or 2, make a specific notation of treatment for that condition as needed.
- **Code 3:**
 - Radiographs
 - Comprehensive periodontal examination
- **Code 4:**
 - Radiographs
 - Comprehensive full mouth periodontal examination and charting
 - Assume complex treatment.
- **Symbol (*):**
 - With Code 3 or 4, a comprehensive periodontal examination and charting are necessary to determine an appropriate treatment.

Summary

- Five mandatory screening and risk assessment procedures:
 - Blood pressure
 - Oral Cancer Screening
 - Periodontal Screening and Recording
 - Caries Risk Assessment
 - Tobacco Risk Assessment
- Describe an appropriate preventive treatment plan based on screening and risk assessment results

Questions?